



FY 2015-2016 Hospital Preparedness Program (HPP)
 Healthcare Coalition Conference
 Region 3
 St. Charles Parish Hospital – Luling, La
 September 11, 2015
 11:30 A.M. to 3:00 P.M.



Participants: (x indicates present)

Hospitals		EMS	
X	AMG specialty Hospital of Houma: Alvin Campo and April Usie		Acadian Ambulance: Chad Davis Region 3 DRC
X	Assumption Community Hospital: Elizabeth Templet	X	Lafourche Ambulance: Brady Daigle, Deborah Gautreaux
	Beacon Behavioral Hospital	X	St. Charles Parish Hospital EMS: Ken Rousseau
	Compass Behavioral Center of Houma		Priority One Air Rescue
X	Franklin Foundation Hospital : Mark Judice		
X	Lady of the Sea General Hospital: Brady Daigle		
X	Leonard Chabert Medical Center: Vera Folse		
X	Ochsner-St Anne General Hospital: David Braud		
	Physicians Medical Center		
X	River Parishes Hospital: David Braud	Other Partners, Guests	
	Specialty Rehabilitation Hospital of Luling	X	LERN: Yvette Legendre, Tri-Regional Coordinator (1,3,9)
X	St. Charles Parish Hospital: Ken Rousseau		DHH-OPH-CCP:
X	St. James Parish Hospital: Jerry Martin	X	BEMS: Steve Philippe
	Teche Regional Medical Center	X	OPH: Kayla Guerrero, Region 3 PHERC; Bethany Legendre Dr. William Riggins, Region 3 Medical Director
X	Terrebonne General Medical Center: Percy Mosely	X	HPP Pan Flu/ID Coord: Jill Hulin, RN
X	Thibodaux Regional Medical Center: Eric Degravelle	X	St. Charles Parish OEP: Ronald Perry, Director

Facilitators:

Kim Beetz, Region 3 Administrative Designated Regional Coordinator (ADRC) and Frances Arledge, LHA/Hospital Preparedness Program.

Guests: Dr. William Riggins, Region 3 Medical Director,

Welcome and Introductions

Ms. Kim Beetz, Region 3's Hospital Administrative Designated Regional Coordinator (ADRC), welcomed everyone to the meeting.

Hospital Preparedness Program (HPP)

Ms. Frances Arledge presented a discussion on the transition of focus from emergency planning to developing emergency programs. This is an approach used at the state-level to reinforce the importance of healthcare coalitions and working together to ensure healthcare readiness for emergency events. Participation at all levels of an organization or regional coalition, especially at the leadership level, is essential for a successful program. Elements of an Emergency Management Program were reviewed and the group discussed examples of activities relevant to each area. The importance of risk assessments was highlighted: Hazard Vulnerability Analysis (HVA) is a critical aspect of planning for emergencies and prioritizing resources for response. The use of the HVA in driving mitigation activities was articulated. A diagram was presented to help the audience visualize where mitigation falls in the preparedness and program cycle. A review of some examples of mitigation along with a discussion of structural and non-structural activities was intended to

help the group define its importance. The group discussed HPP funded resources that are available for supporting each other during a response. Recovering from an event is another area of focus for regional healthcare coalitions. Recovery activities will vary from event to event, however there are common themes such as operational aspects of healthcare delivery, personnel recovery, and restoration of property loss or damage. Planning and spending priorities for the hospital and EMS providers in the region were reviewed. Summary slides with Region 3 Needs Assessment Data results were included. Gaps identified for hospitals are communications and resource availability. The hospitals also reviewed the anticipated expiration rate of pharmaceutical caches at facilities along with weekly amounts of PPE caches. EMS priorities established by the state Bureau of EMS are Interoperable Communications and Training and Exercises. A list of identified future trainings and exercises that was developed during a state EMS workshop in May of 2015 was presented to the group.

Public Health Preparedness

Dr. Chip Riggins introduced himself to the region and discussed an initiative to support the sexual assault response in healthcare systems program. The focus of the program is to provide quality and compassionate treatment to victims of sexual assault in communities. He discussed the importance of staffing certified SANE (Sexual Assault Nurse Examiners) nurses who are trained in the response protocols and proper use of the rape kits. He also emphasized the importance of ensuring that sexual assault victims are not billed by facilities or providers for treatment they receive directly related to the sexual assault. A specific funding source is available to assist with reimbursing facilities for costs, however reports show that the funding source is not being billed by providers, perhaps due to lack of awareness or understanding of the process. The group was encouraged to contact Dr. Riggins to assist with future engagement planning.

Dr. Riggins also encouraged the coalition members to participate in regional Communicable Disease Working Group meetings. The next meeting is scheduled for November 6th at the OPH Office in Thibodaux on Tiger Drive.

Ms. Kayla Guerrero, Region 3 PHERC mentioned upcoming trainings and exercises, also for hospitals to take a look at their current POD plans to ensure flow's showing egress and ingress were clearly marked with medical and non medical personnel identified.

Regional Updates

The Danny Storm AAR was reviewed by the group, additions were noted and another revised copy will be sent to the group with the discussed changes.

Participation in the 2016 Vigilant Guard exercise was discussed. Both Terrebonne General Medical Center, and Thibodaux Regional Medical Center had previously signed to participate on a full-scale level. All other Tier 1 facilities were invited to participate on their own. Options include uploading census for actual facility data, using fictitious names; evaluators will be needed at both Thibodaux and Terrebonne General. The next meeting will be conducted at LHA on October 20th 9:00am. A complete list of Hospitals and participation needs to be completed prior to that meeting.

A comparison of the Healthcare HVA, the GOHSEP HVA, and the OPH HVA was discussed. Top five threats/hazards were identified, and discussed. The group was made aware that the Parish OHSEPS and local OPH had a different priority.

The Region 3 MCI plan is reviewed annually, and this meeting was suppose to be the official signatories to the plan meeting, however changes in the Region 3 LERN commission have recently taken place so the signatories page will once again require updating. A quick reminder of how MCI's are declared and the steps all hospitals and EMS partners have agreed upon was discussed and reviewed.

A round table discussion was ensued discussing how each facility both tracks direct patient care employees and police employees of the flu vaccination. All were advised to further push the 2015 vaccine as the H3N2 strain will be included in this year's quadrivalent vaccine.

Ebola/Infectious Disease Readiness

Ebola Grant Update – the State received Ebola Funds to support an Assessment Hospital(s) and a transportation provider(s). To date, one EMS provider is being considered for receiving grant funds. As of this meeting, no hospital in Louisiana is identified as an “Assessment Hospital”, however hospitals are expected to be ready to identify and isolate a person suspected of having Ebola, and to inform or communicate with DHHH immediately regarding this patient. Planning is underway to establish a procedure for the transfer of a confirmed Ebola patient from Louisiana to the Region VI Ebola Treatment Center in Texas. Ms. Jill Hulin, RN, the new Hospital Preparedness Program Pandemic Flu and Infectious Disease Coordinator was introduced to the group. As infectious disease planning continues, coalitions and hospitals can expect to work closely with Ms. Hulin over the upcoming months.

ESF8 Portal Resources

Ms. Frances Arledge reminded coalition members about the tools available on the ESF8 Portal and encouraged them to use these documents and tools. Each organization’s emergency preparedness contact is responsible for managing users for their facility. A new platform for this system is being evaluated. To facilitate this transition, it will be important to make sure users in the system are correct for each organization. All organizations are encouraged to review the People/Users in the system for their organization and to limit this number to the fewest possible people to make best use of this resource.

HPP Grant FY2015-2016

An overview of the 2015-2016 grant was provided. Participants were informed that Louisiana’s grant award is slightly less than the grant award for the 2013-2014 grant period. Funds are expected to continue to decrease in the next grant period. The approach to allocating funds was reviewed for both hospital and EMS groups. For both groups, a decision was made to allocate funds in support of the ESF8 regional response network infrastructure, including the Administrative Designated Regional Coordinator role, Volunteer Designated Regional Coordinator role, CHEMPACK host sites and Louisianan Rural Ambulance Alliance equipment management project. Participation Agreements and individual facility allocation amounts are being developed at the time of this meeting.

The process for accepting grant funds was reviewed. The first step is for Hospitals and EMS providers to indicate their interest in receiving grant funds. Facilities must submit the signed letter of intent form by August 31, 2015 indicating they either accept or decline funds in the FY2015-2016 period. In addition, if interested in receiving funds, the facility must attend the Fall HCC Conference meeting and submit the NIMS Compliance Worksheet attesting to their compliance with NIMS implementation activities. Organizations submitting letters of intent will be evaluated to ensure eligibility to receive funds, including current licensure and operating status, compliance with State and Federal audit requirements as well as NIMS compliance.

The next step in the process is the Participation Agreement and Budget Proposal. Facilities accepting funds must submit a budget proposal detailing proposed purchases. Formal quotes are not required as part of the budget proposal process; facilities are encouraged to work with the DRC, ADRC and the HPP Grant Staff to ensure purchases are allowable within grant guidelines. Grant purchases may begin as early as July 1, 2015. A final deadline for purchases will be announced when participation agreements are available. Facilities must submit acceptable proof of purchase documentation in the Grant Management System. The annual Needs Assessment Survey is also required and must be completed by March 31, 2016. Documentation will be reviewed for reimbursement as soon as all participation criteria are met. The group is reminded that a 10% match of the reimbursable amount is required. Matching expenses may be demonstrated with either cash or in-kind purchases and must be allowable, documented and verifiable. Facilities are reminded that matching submitted for the HPP Grant may not be used in any other federally assisted program.

Site visits will be performed to monitor purchases made using HPP funds, assess facility progress toward meeting established grant goals and compliance with Participation Agreement activities. Approximately 20% of facilities are visited each year. If a “red flag” is found during the site visit, corrective action measures will be taken. Facilities may no longer be eligible to receive grant funds until measures have been met. Facilities may be asked to return a portion of

grant funds received or facilities may be asked to provide justification as to why measure cannot be met. Facilities that did not receive funds during the defined period will be visited, however the site visit will focus on preparedness and compliance activities only.

Announcements

Upcoming education opportunities hosted by the Louisiana Hospital Association on regulatory compliance for CMS emergency preparedness rules and crisis communications. Review the handout fliers for more information and registration details.

Adjournment

The meeting ended at 3:00 PM.